

# PART B - FEE(S) TRANSMITTAL

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7590

07/28/2003

Nicola A Pisano  
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 11988 El Camino Real  
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 San Diego, CA 92130



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Amy K. Wilson

(Depositor's name)

*Amy K. Wilson*  
 9/5/03

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/909,729	07/19/2001	Mark C. Bates	AMS-008	2447

TITLE OF INVENTION: CATHETER FOR REMOVING EMBOLI FROM SAPHENOUS VEIN GRAFTS AND NATIVE CORONARY ARTERIES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$650	\$300	\$950	10/28/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
MENDEZ, MANUEL A	3763	604-103070

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 Luce, Forward,  
 2 Hamilton & Scripps  
 3 Nicola A. Pisano

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Arteria Medical Science, Inc.

San Francisco, California

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
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*Nicola A. Pisano*

9/5/03

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